FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type is changed) over the lines	e 12FE4M5
Wyoming Valu	es PAC	
ADDRESS (number and s	901 N Washington St Ste 102	
X (Check if addre	ess IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
	Alexandria	VA 22314 - 111
COMMITTEE'S E-MAI	CITY ▲ L ADDRESS	STATE▲ ZIP CODE ▲
tim@kochandh		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)	
COMMITTEE'S FAX N 8663110104		
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICATION NUMBER C C00442368		
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete		
Type or Print Name of Treasurer Timothy A. Koch		
Signature of Treasurer Electronically Filed by Timothy A. Koch Date Date Date		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS		
Office Use Only FE3AN042.PDF	For further informa Federal Election Co Toll Free 800-424-9 Local 202-694-1100	mmission FEC FORM 1 9530 (Revised 12/2007)